University of Minnesota Physicians
720 Washington Ave SE, Suite 200
Minneapolis, MN 55414

CONSENT FOR TREATMENT OF MINOR PATIENT

MRN: _____
for office use only

Patient Name: _____ **Date of Birth:** _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

As the parent or legal guardian for the above named patient, I hereby authorize the health care providers at University of Minnesota Physicians to provide the following types of treatment to my minor child/when I am not physically present:

- ☐ Sports Physical
- ☐ Minor Illness (e.g. cough, sore throat, ear ache)
- ☐ Immunizations excluding Allergy Shots
- ☐ Previously ordered labs
- ☐ Other Minor Conditions (specify): _____
- ☐ Other Prescribed Non-Invasive Treatment (specify): _____
- ☐ Mental Health Therapy: _____

- I understand that this consent is valid only for the types of treatment specified above.
- I understand that this consent applies only when I am not physically present with my child at the Clinic to give consent for treatment. If I am present at the Clinic with my child, I understand I will decide at that time whether to consent to the recommended treatment.
- I also understand that Minnesota law allows minors to consent to treatment for pregnancy, venereal disease, alcohol or drug abuse and hepatitis B vaccinations without the consent of a parent or legal guardian.
- This consent for treatment is valid for one year unless otherwise specified here: _____.
- I understand I may revoke this consent at any time by notifying the Clinic in writing and that any such revocation will take effect only when the Clinic receives my written notice.
- I understand that even with my consent, the decision to treat my minor child without the parent or legal guardian present is at the discretion of the provider.

_____ _____ _____
Signature of Patient/Legal Representative **Date** **Time**

_____ _____
Print Name of Legal Representative (if applicable) **Legal Representatives authority to sign (Parent, Guardian, Power of Attorney, etc.)**